

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF TENNESSEE

FILED

2018 MAY 31 P 12:49

Christopher Smith
v.
West Chevrolet
David Shisler
Jessica (Doe)

NO. 3:18-cv-213
(To be assigned by the Clerk's Office. Do not write in this blank.)

APPLICATION TO PROCEED IN FORMA PAUPERIS
WITH SUPPORTING DOCUMENTATION

I, Christopher Smith, declare that I am the:

- ☒ plaintiff/petitioner
☐ defendant/respondent
☐ Other: _____

in the above-reverenced proceeding. In support of my request to proceed without being required to prepay fees or give security therefor, I state that because of my poverty, I am unable to pay the fees for this action or give security therefor. I believe that I am entitled to the relief sought in my complaint/petition/answer/response. The nature of my action, defense, or other proceeding or the issues I intend to present are briefly stated as follows:

In further support of this application, I answer the following questions:

PERSONAL INFORMATION, EMPLOYMENT AND INCOME DATA

NAME (First Middle Last) YEAR OF BIRTH

Christopher Ahmad Smith

6-2-78

SOCIAL SECURITY NUMBER (last 4 digits only)

PHONE NOS.

8808

865-208-2788

HOME ADDRESS:

2718 Wilson Ave Knoxville 20 years (37914)

OWN OR RENT?

HOW LONG AT CURRENT ADDRESS?

Single

MARITAL STATUS:

Disabled

NAME AND ADDRESS OF CURRENT EMPLOYER:

TELEPHONE NUMBER OF EMPLOYER:

HOW LONG AT CURRENT EMPLOYMENT?

OCCUPATION (Describe what you do):

IF EMPLOYED, STATE BOTH THE GROSS AND NET AMOUNTS OF YOUR SALARY AND WAGES PER MONTH.

GROSS:

NET:

IF NOT CURRENTLY EMPLOYED, GIVE MONTH AND YEAR OF LAST EMPLOYMENT:

HOW MUCH DID YOU EARN PER MONTH AT YOUR LAST EMPLOYMENT:

HAVE YOU RECEIVED ANY MONEY FROM ANY OF THE FOLLOWING SOURCES
WITHIN THE PAST TWELVE MONTHS?

Business, professional or other form of self-employment? ☐ Yes ☒ No

If YES, state the source and amount:

Rent payments, interest, or dividends? ☐ Yes ☒ No

If YES, state the source and amount:

Pensions, annuities, or life insurance payments? ☐ Yes ☒ No

If YES, state the source and amount:

Gifts or inheritance? ☐ Yes ☒ No

If YES, state the source and amount:

Any other source? ☒ Yes ☐ No

If YES, state the source and amount:

Disability \$742.00 a month

ASSETS:

LIST ANY OF THE FOLLOWING ASSETS THAT YOU OWN AND THE TOTAL VALUE

CASH \$ 0

CHECKING ACCOUNTS TOTAL BALANCE (List Banks Below) \$ 0
(Do NOT include account numbers)

SAVINGS ACCOUNTS-TOTAL BALANCE (List Banks Below) \$ 0
(Do NOT include account numbers)

STOCKS AND BONDS \$ 0

REAL ESTATE-CURRENT FAIR MARKET VALUE
(List Locations Below)

\$ 0

\$ 0

\$ 0

TOTAL REAL ESTATE \$

VALUE OF PERSONAL PROPERTY, EXCLUDING VEHICLES (Itemize)

2002 Dodge Van \$ 1500.00

\$ _____

\$ _____

TOTAL PERSONAL PROPERTY \$ _____

MOTOR VEHICLES

Year/Make	License No.	Current Value
<u>2002 Dodge Van</u>	<u>081784931</u>	\$ <u>1500.00</u>
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL VALUE OF MOTOR VEHICLES \$ 1500.00

DEBTS OWED TO YOU (Give Name of Debtor)

_____ \$ 0
_____ \$ 0
_____ \$ 0

TOTAL DEBTS OWED TO YOU \$ 0

OTHER ASSETS (ITEMIZE)

_____ \$ 0
_____ \$ 0
_____ \$ 0

TOTAL OTHER ASSETS \$ _____

TOTAL OFF ALL ASSETS: \$ 1500.00

LIABILITIES
(DO NOT INCLUDE ACCOUNT NUMBERS)

NOTES (LOANS) PAYABLE TO BANKS (List bank name and amount of loan only)

_____	\$	6
_____	\$	0
_____	\$	0

TOTAL LOANS PAYABLE TO BANKS	\$
-------------------------------------	-----------

NOTES (LOANS PAYABLE TO OTHERS)	\$	0
---------------------------------	----	---

MORTGAGES PAYABLE ON REAL ESTATE	\$	0
----------------------------------	----	---

CREDIT CARDS AND ACCOUNTS PAYABLE TO CREDITORS	\$	0
--	----	---

MEDICAL BILLS	\$	0
---------------	----	---

TAXES AND ASSESSMENTS PAYABLE	\$	
-------------------------------	----	--

OTHER LIABILITIES (Itemize)

_____	\$	0
_____	\$	0
_____	\$	0

TOTAL LIABILITIES	\$
--------------------------	-----------

LIVING EXPENSES

	Monthly Payment	Balance Owing
<input checked="" type="checkbox"/> RENT or <input type="checkbox"/> MORTGAGE PAYMENT (check one)	\$ <u>500.00</u>	\$ _____
ELECTRICITY	\$ <u>200.00</u>	\$ _____
WATER	\$ _____	\$ _____
GAS	\$ _____	\$ _____
TELEPHONE	\$ <u>20.00</u>	\$ _____
FOOD	\$ _____	\$ _____
ALIMONY	\$ _____	\$ _____
CHILD SUPPORT	\$ _____	\$ _____
CHILD CARE	\$ _____	\$ _____
SCHOOL EXPENSES	\$ _____	\$ _____
AUTOMOBILE NOTE	\$ _____	\$ _____
AUTOMOBILE INSURANCE	\$ _____	\$ _____
AUTOMOBILE REPAIRS	\$ _____	\$ _____
GASOLINE	\$ _____	\$ _____
FURNITURE NOTE	\$ _____	\$ _____
CLOTHING	\$ _____	\$ _____
CABLE TELEVISION	\$ _____	\$ _____
LIFE INSURANCE	\$ _____	\$ _____
HOSPITALIZATION INSURANCE	\$ _____	\$ _____
DOCTORS	\$ _____	\$ _____
DRUGS	\$ _____	\$ _____
CREDIT CARDS	\$ _____	\$ _____
OTHER CHARGE ACCOUNTS OR CREDITORS	\$ _____	\$ _____
TAXES	\$ _____	\$ _____
ANY OTHER EXPENSES (LIST)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL EXPENSES		\$ <u>730.00</u>

SPOUSES' PERSONAL INFORMATION; EMPLOYMENT AND INCOME DATA

NAME (First Middle Last) YEAR OF BIRTH

SOCIAL SECURITY NUMBER (last 4 digits only) PHONE NOS.

HOME ADDRESS (if different from yours):

OWN OR RENT? HOW LONG AT CURRENT ADDRESS?

NAME AND ADDRESS OF CURRENT EMPLOYER:

TELEPHONE NUMBER OF EMPLOYER:

HOW LONG AT CURRENT EMPLOYMENT?

OCCUPATION (Describe what your spouse does):

SPOUSE'S CURRENT MONTHLY INCOME:

Salary or Wages \$ _____

Commissions \$ _____

All other sources (Pensions; Soc.Sec.;
Rent; Interest; Dividends; Alimony, etc.) \$ _____

TOTAL: \$ _____

NAME OF DEPENDENTS AND INCOME (If any)
(For Minor Children, only provide first initials)

Names: Age: Relationship: Living
With Whom?

Christopher J. Smith Jr. 5 son mother

TOTAL MONTHLY INCOME OF DEPENDENTS INCLUDING
CHILD SUPPORT PAYMENTS (exclude spouse)

\$ 0

TOTAL MONTHLY INCOME OF APPLICANT, SPOUSE,
AND DEPENDENTS

\$ 0

AFFIDAVIT

I hereby certify that the above statement is true and that it is a complete statement of all my income and assets, real and personal, whether held in my name or by any other, under penalty of perjury.

5-31-18

DATE

Christopher Smith

SIGNATURE

Created: January 31, 2007
IPF Application.wpd